

<b>Case Number:</b>	CM13-0067020		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	03/15/2012
<b>Decision Date:</b>	05/20/2014	<b>UR Denial Date:</b>	12/04/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/17/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in Illinois. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 23-year-old female who reported an injury on 06/13/2013, secondary to heavy lifting. Current diagnoses include right carpal tunnel syndrome, right lateral epicondylitis, and tendonitis of the right wrist. The injured worker was evaluated on 09/26/2013. The injured worker reported numbness and tingling in the right upper extremity with swelling of the right wrist. Physical examination revealed full range of motion of the bilateral shoulders, tenderness at the lateral epicondyle of the right elbow, positive provocative testing for lateral epicondylitis, mild swelling and discomfort on palpation, swelling of the dorsal wrist, swelling of the medial aspect of the wrist, positive Tinel's and Phalen's testing, positive Finkelstein's testing, and weak grip strength on the right. Treatment recommendations included acupuncture therapy and a brace for the right wrist.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**PHYSICAL THERAPY FOR THE RIGHT UPPER EXTREMITY (8 SESSIONS): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**Decision rationale:** California MTUS Guidelines state active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, and range of motion, and can alleviate discomfort. Official Disability Guidelines state physical medicine treatment for carpal tunnel syndrome includes 1 to 3 visits over 3 to 5 weeks. Therefore, the current request for 8 sessions of physical therapy exceeds guideline recommendations. As such, the request is not medically necessary.

**ACUPUNCTURE FOR THE RIGHT UPPER EXTREMITY (6 SESSIONS):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation ODG, Forearm, Wrist and Hand Chapter, Acupuncture

**Decision rationale:** California MTUS Guidelines state acupuncture is used as an option when pain medication is reduced or not tolerated and may be used as an adjunct to physical rehabilitation and/or surgical intervention. Official Disability Guidelines state acupuncture treatment for the forearm, wrist, and hand is not recommended. Therefore, the current request cannot be determined as medically appropriate. As such, the request is not medically necessary.

**AN INTERFERENTIAL UNIT:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation Page(s): 117-121.

**Decision rationale:** California MTUS Guidelines state interferential current stimulation is not recommended as an isolated intervention. There is no quality evidence of effectiveness except in conjunction with recommended treatments. There should be documentation that pain is ineffectively controlled due to diminished effectiveness of medications or side effects, history of substance abuse, or significant pain from postoperative conditions. The injured worker does not meet any of the abovementioned criteria for the use of an interferential current stimulation unit. Additionally, California MTUS Guidelines state if the device is to be used, a 1 month trial should be initiated. The total duration of treatment was not specified in the current request. As such, the request is not medically necessary.

**A WRIST SPLINT FOR THE RIGHT ARM:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271-273.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265-266.

**Decision rationale:** California MTUS/ACOEM Practice Guidelines state when treating with a splint in carpal tunnel syndrome, scientific evidence supports the efficacy of neutral wrist splints. Splinting should be used at night, and may be used during the day depending upon activity. As per the documentation submitted, the injured worker's physical examination of the right wrist revealed positive Tinel's and Phalen's testing as well as positive Finkelstein's testing; however, the previous EMG and nerve conduction studies were not provided for review. Therefore, there is no evidence of carpal tunnel syndrome that may warrant the need for the requested durable medical equipment. Based on the clinical information received, the request is not medically necessary.